

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>		71530	1/24
<b>O.I.P.E. CLASSIFIER</b>	DR	32	2/8
<b>FORMALITY REVIEW</b>		71622	2/14/00
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	3/21/03	8/11/03
2	2	V	1
3	3	V	1
4	4	O	V
5	6	V	V
6	7	V	V
7	8	V	V
8	9	V	V
9	10	V	V
10	11	V	V
11	12	V	V
12	13	V	V
13	14	V	V
14	15	V	V
15	16	V	V
16	17	V	V
17	18	O	V
18	19	O	V
19	20	V	V
20	21	V	V
21	22	V	V
22	23	V	V
23	24	V	V
24	25	V	V
25	26	V	V
26	27	V	V
27	28	V	V
28	29	V	V
29	30	V	V
30	31	V	V
31	32	V	V
32	33	V	V
33	34	V	V
34	35	V	V
35	36	V	V
36	37	V	V
37	38	V	V
38	39	V	V
39	40	V	V
40	41	V	V
41	42	V	V
42	43	V	V
43	44	V	V
44	45	V	V
45	46	V	V
46	47	V	V
47	48	V	V
48	49	V	V
49	50	V	V

Claim	Final	Original	Date
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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